

# LOAD CONFIRMATION

**Billing Address:**

Phone: _____ - _____ - _____	Fax: _____ - _____ - _____

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm                      dd                      yy

Load ID Number: \_\_\_\_\_

**Pickup Shipment at:**

Phone: _____ - _____ - _____	Fax: (Optional) _____ - _____ - _____

Is an appointment required for pickup?

Pickup Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Pickup Time: \_\_\_\_ : \_\_\_\_ am/pm

PO or Pickup Number: \_\_\_\_\_

**Deliver Shipment to:**

Phone: _____ - _____ - _____	Fax: (Optional) _____ - _____ - _____

Is an appointment required for delivery?

Delivery Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Delivery Time: \_\_\_\_ : \_\_\_\_ am/pm

PO or Delivery Number: \_\_\_\_\_

**Carrier:**

Phone: _____ - _____ - _____	Fax: _____ - _____ - _____

**Equipment Required**

53ft Dry van

53ft Reefer

**Load Information**

Product Description:
Total weight of shipment:

**Space Required**

LTL (Product must be skidded for crossdocking) <input type="checkbox"/>	Full Load <input type="checkbox"/>
Number of Skids or Pieces:	

**Customs Broker:**

Phone: _____	Fax: _____
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**Agreed Rate:**

\$ _____ . _____	<input type="checkbox"/> USD
(all inclusive)	<input type="checkbox"/> CDN

**Signature of person requesting shipment:**

X \_\_\_\_\_

**Signature of carrier contact:**

X \_\_\_\_\_